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PTCMB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (echarge (37 CFR 1.18 (e)) required)

Attorney Docket Number	AMS-004
First Named Inventor	Samii, Garin
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of only one name is listed below or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Shutdown Separators with Improved Properties

The specification of which (Title of the invention)
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number (MM/DD/YYYY) _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or 368(b) of any foreign application(s) for patent or inventor's certificate, or 368(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you spend to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (12-07)
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 383(c) of any PCT international application designating the United States or PCT International application in that country, filed by the prior paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which becomes available between the filing date of this application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

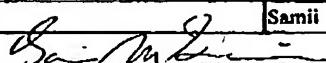
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ →
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Mark P. White	37,757		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number 26918 OR Correspondence address below

Name	Mark P. White		
Address	57 Bedford Street		
Address	Suite 103		
City	Lexington	State	MA
Country	US	Telephone	781-863-2041
		Fax	781-863-2250

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by law or by imprisonment, or both, under 18 U.S.C. 1501 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any): Garrin		Family Name or Surname: Samii	
Inventor's Signature			
Residence: City	Laguna Hills	State	CA
Post Office Address	92653		
Post Office Address	CA		
City	Laguna Hills	ZIP	92653
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

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DECLARATION **ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Abbas	Middle Initial	M	Family Name	Samii	Suffix e.g., Jr.		
Inventor's Signature	<i>Abbas Samii</i>				Date	5-12-04		
Residence: City	Belmont		State	MA	Country	USA		
Post Office Address	25 Hurley Street							
Post Office Address								
City	Belmont	State	MA	Zip	02478	Country	US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Dave	Middle Initial	C.	Family Name	Veno	Suffix e.g., Jr.		
Inventor's Signature	<i>DC Veno</i>				Date	5/12/04		
Residence: City	Woburn		State		Country	USA	Citizenship	USA
Post Office Address	122 Burlington St.							
Post Office Address								
City	Woburn	State	MA	Zip	01801	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.		
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.		
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		Zip		Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								

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